



DALLAS
OBESITY
SOCIETY



OBESITY MEDICINE BOOTCAMP

Basics of obesity medicine for your daily practice

Online toolkit @
www.DallasObesity.com

Facebook

LinkedIn



AOM

Anti-Obesity Medications

INDICATIONS

BMI	Height (Feet & Inches)																													
Weight (lbs)	4'	10"	4'	11"	5'	0"	5'	1"	5'	3"	5'	4"	5'	5"	5'	6"	5'	7"	5'	8"	5'	9"	5'	10"	5'	11"	6"	0"	6"	2"
100	20.9	20.2	19.5	18.9	18.3	17.7	17.2	16.6	16.1	15.7	15.2																			
105	21.9	21.2	20.5	19.8	19.2	18.6	18.0	17.5	16.9	16.4	16.0	15.5	15.1																	
110	23.0	22.2	21.5	20.8	20.1	19.5	18.9	18.3	17.8	17.2	16.7	16.2	15.8	15.3																
115	24.0	23.2	22.5	21.7	21.0	20.4	19.7	19.1	18.6	18.0	17.5	17.0	16.5	16.0	15.6	15.2														
120	25.1	24.2	23.4	22.7	21.9	21.3	20.6	20.0	19.4	18.8	18.2	17.7	17.2	16.7	16.3	15.8	15.4													
125	26.1	25.2	24.4	23.6	22.8	22.1	21.5	20.8	20.2	19.6	19.0	18.5	17.9	17.4	17.0	16.5	16.0													
130	27.2	26.3	25.4	24.6	23.8	23.0	22.3	21.6	21.0	20.4	19.8	19.2	18.7	18.1	17.6	17.1	16.7													
135	28.2	27.3	26.4	25.5	24.7	23.9	23.2	22.5	21.8	21.1	20.5	19.9	19.4	18.8	18.3	17.8	17.3													
140	29.3	28.3	27.3	26.4	25.6	24.8	24.0	23.3	22.6	21.9	21.3	20.7	20.1	19.5	19.0	18.5	18.0													
145	30.3	29.3	28.3	27.4	26.6	25.7	24.9	24.1	23.4	22.7	22.0	21.4	20.8	20.2	19.7	19.1	18.6													
150	31.3	30.3	29.3	28.3	27.4	26.6	25.7	25.0	24.2	23.5	22.8	22.1	21.5	20.9	20.3	19.8	19.3													
155	32.4	31.3	30.3	29.3	28.3	27.5	26.6	25.8	25.0	24.3	23.6	22.9	22.2	21.6	21.0	20.4	19.9													
160	33.4	32.3	31.2	30.2	29.3	28.3	27.5	26.6	25.8	25.1	24.3	23.6	23.0	22.3	21.7	21.1	20.5													
165	34.5	33.3	32.2	31.2	30.2	29.2	28.3	27.5	26.6	25.8	25.1	24.4	23.7	23.0	22.4	21.8	21.2													
170	35.5	34.3	33.2	32.1	31.1	30.1	29.2	28.3	27.4	26.6	25.8	25.1	24.4	23.7	23.1	22.4	21.8													
175	36.5	35.3	34.2	33.1	32.1	31.1	30.1	29.1	28.2	27.4	26.6	25.8	25.1	24.4	23.7	23.1	22.5													
180	37.5	36.3	35.2	34.0	33.0	32.0	31.0	30.0	29.0	28.2	27.4	26.6	25.8	25.1	24.4	23.7	23.1													
185	38.5	37.3	36.2	35.0	34.0	33.0	32.0	31.0	30.0	29.0	28.1	27.3	26.5	25.8	25.1	24.4	23.8													
190	39.5	38.3	37.2	36.0	35.0	34.0	33.0	32.0	31.0	30.0	29.0	28.0	27.3	26.5	25.8	25.1	24.4													
195	40.5	39.3	38.2	37.0	36.0	35.0	34.0	33.0	32.0	31.0	30.0	29.0	28.0	27.2	26.4	25.7	25.0													
200	41.5	40.3	39.2	38.0	37.0	36.0	35.0	34.0	33.0	32.0	31.0	30.0	29.0	28.0	27.0	26.3	25.7													
205	42.5	41.3	40.2	39.0	38.0	37.0	36.0	35.0	34.0	33.0	32.0	31.0	30.0	29.0	28.0	27.0	26.3													
210	43.5	42.3	41.2	40.0	39.0	38.0	37.0	36.0	35.0	34.0	33.0	32.0	31.0	30.0	29.0	28.0	27.0													
215	44.5	43.3	42.2	41.0	40.0	39.0	38.0	37.0	36.0	35.0	34.0	33.0	32.0	31.0	30.0	29.0	28.0													
220	45.4	44.3	43.2	42.0	41.0	40.0	39.0	38.0	37.0	36.0	35.0	34.0	33.0	32.0	31.0	30.0	29.0													
225	46.4	45.3	44.2	43.0	42.0	41.0	40.0	39.0	38.0	37.0	36.0	35.0	34.0	33.0	32.0	31.0	30.0													
230	47.3	46.3	45.2	44.0	43.0	42.0	41.0	40.0	39.0	38.0	37.0	36.0	35.0	34.0	33.0	32.0	31.0													
235	48.3	47.3	46.2	45.0	44.0	43.0	42.0	41.0	40.0	39.0	38.0	37.0	36.0	35.0	34.0	33.0	32.0													
240	49.3	48.3	47.2	46.0	45.0	44.0	43.0	42.0	41.0	40.0	39.0	38.0	37.0	36.0	35.0	34.0	33.0													
245	50.3	49.3	48.2	47.0	46.0	45.0	44.0	43.0	42.0	41.0	40.0	39.0	38.0	37.0	36.0	35.0	34.0													
250	51.3	50.3	49.2	48.0	47.0	46.0	45.0	44.0	43.0	42.0	41.0	40.0	39.0	38.0	37.0	36.0	35.0													

BMI ≥ 30 kg/m²

BMI ≥ 27 kg/m² with presence of at least one complication from excess body weight such as diabetes, hypertension, hyperlipidemia, sleep apnea, osteoarthritis, metabolic syndrome.



COMPREHENSIVE TREATMENT IS ESSENTIAL



ADDITIONAL HANDOUTS AVAILABE ONLINE @

WWW.DALLASOBESITY.COM



Mindful Eating Techniques

Portion Guide

Tips For Achieving And Maintaining A Healthy Weight

Prioritizing Protein

Bariatric Surgery Supplementation Guides

Mindful Fast Food Choices

Salad Building Guide

Meatless Protein Products

Fiber Fact Sheet

Macro Nutrient Guides

How To Meet Hydration Needs

What You Need to Know About Physical Activity & Your Weight

*After 12-16 weeks, if a **weight loss of 4-5% loss from baseline** has not been achieved, consider an increase in dose or an alternative medication.

Treatment should be comprehensive and actively engage the patient in **lifestyle and behavior modification.

***Pregnancy & breastfeeding are absolute contraindications to all FDA approved AOM.

MOTIVATIONAL INTERVIEWING

5A's of Obesity Management

Working with patients to empower them to make change one step at a time. Meet patients where they are at.

Ask

- Ask for permission to discuss body weight.
- Explore readiness for change.

Assess

- Assess BMI, waist circumference, and obesity stage.
- Explore drivers and complications of excess weight.

Advise

- Advise the patient about the health risks of obesity, the benefits of modest weight loss (i.e., 5-10 percent), the need for long-term strategy, and treatment options.

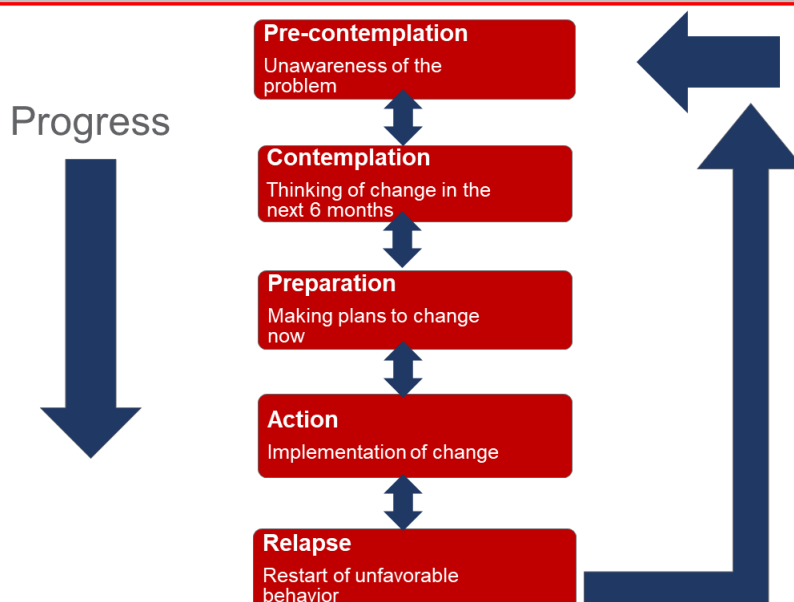
Agree

- Agree on realistic weight-loss expectations, targets, behavioral changes, and specific details of the treatment plan.

Arrange/Assist

- Assist in identifying and addressing barriers; provide resources; assist in finding and consulting with appropriate providers; arrange regular follow up.

STAGES OF CHANGE





DALLAS
OBESITY
SOCIETY

BELVIQ/BELVIQ XR

lorcaserin

Belviq	Schedule IV drug
Mechanism of action	Serotonin 2C receptor agonist: reduces appetite via POMC neuron activation in the hypothalamus
Pharmacokinetics	CYP2D6 metabolism: renal excretion Can be administered with or without food
Side Effects	Headache, nausea, fatigue, dry mouth, constipation Increased hypoglycemia with diabetes Can increase suicidal thoughts, consider using PQH-9 for screening Decrease BP, HR, Total & LDL-C & fasting glucose
Contraindications	Renal failure (eGFR<30ml/min) Pregnancy/breastfeeding Other 5HT drugs

2 Dosing Options:
XR 20 mg daily
Or
10 mg twice daily



Advantage:
May alter the taste of some foods
Very tolerable, can be used in older adults
Not a stimulant

Disadvantages:
Caution with moderate renal impairment and severe hepatic impairment.

Side effects:
Dizziness, memory problems, fatigue
May cause hypoglycemia in patients with DM treated with anti-DM medications & lower CHO diets.

Warnings & Precautions:
Serotonin syndrome (caution with use with SSRI/SNRI), valvular heart disease, prolactin elevation, cognitive impairment, psychiatric disorders, monitor for depression or suicidal thoughts, priapism, decreased heart rate, hematological changes.

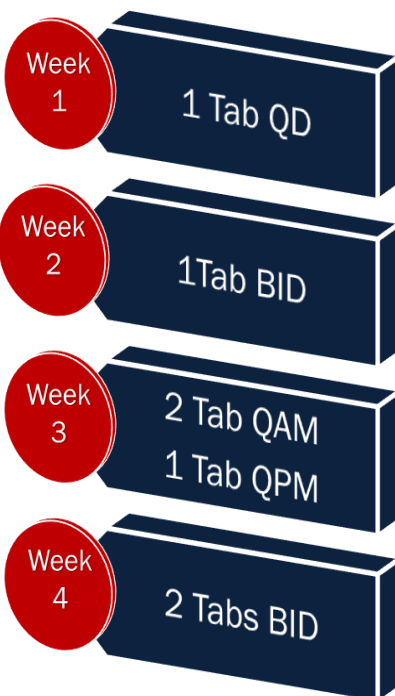


DALLAS
OBESITY
SOCIETY

CONTRAVE

naltrexone/bupropion

Contrave	Not a scheduled drug
Mechanism of action	Bupropion works to reduce hunger and increase satiety by stimulation of proopiomelanocortin (POMC) neurons in the hypothalamus as well as potentially affecting reward/craving stimulus by norepinephrine and dopamine reuptake inhibition. Naltrexone potentiates the action of bupropion on POMC neurons by antagonizing inhibitory u-opioid receptors.
Pharmacokinetics	(bupropion) metabolized by the liver; CYP450: 2B6 substrate (naltrexone) metabolized by the liver, renal excretion, with or without food (with food may decrease nausea caused by naltrexone)
Side Effects	Nausea, vomiting, constipation, diarrhea, headache, dry mouth, insomnia
Contraindications & Cautions	Should NOT be administered with opioids . Use cautiously with other drugs metabolized by CYP2D6 (SSRIs, MAOIs, anti-psychotics (Haldol, risperidone & thioridazine; beta blockers (metoprolol); type 1C antiarrhythmics (propafenone & flecainide) Do not take with uncontrolled HTN or history of seizures Avoid use in individuals with anorexia or bulimia.
Black Box Warning	Suicidal behavior & ideation



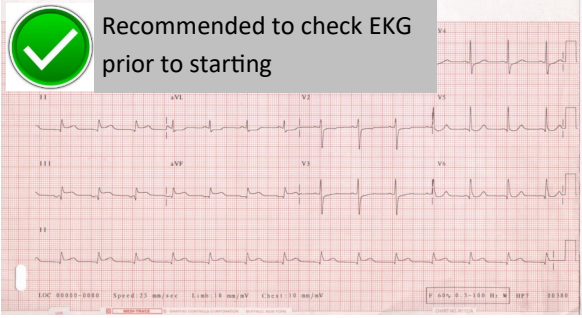
- Can be helpful for patients that experience low mood or difficulty with impulsive or emotion-driven eating
- Should be avoided during pregnancy/ breastfeeding as well as in patients with history of seizures, or those with current, chronic, or future opioid needs
- Nausea is the most common side effect
-Slowing the dose titration can help minimize this.

phentermine

8 mg, 15 mg, 30 mg & 37.5 mg dosing options

phentermine	Schedule IV drug
Mechanism of action	Sympathomimetic amine for short-term treatment of obesity
Pharmacokinetics	Renal excretion may be (62-85% unchanged); half-life 19-24 hours
Side Effects	Palpitations, tachycardia, elevated blood pressure, dizziness, insomnia tremor, headache
Contraindications & Cautions	Cardiac ischemia, uncontrolled HTN, arrhythmia or tachycardia, pulmonary HTN, psychosis, Do not use with drug or alcohol dependency/abuse Do not use with MAOI within 14 days or with glaucoma Not for use with pregnancy or while breastfeeding
Black Box Warning	None

Advantages:
 Generic
 Inexpensive
 Decreases Cravings



Common side effects



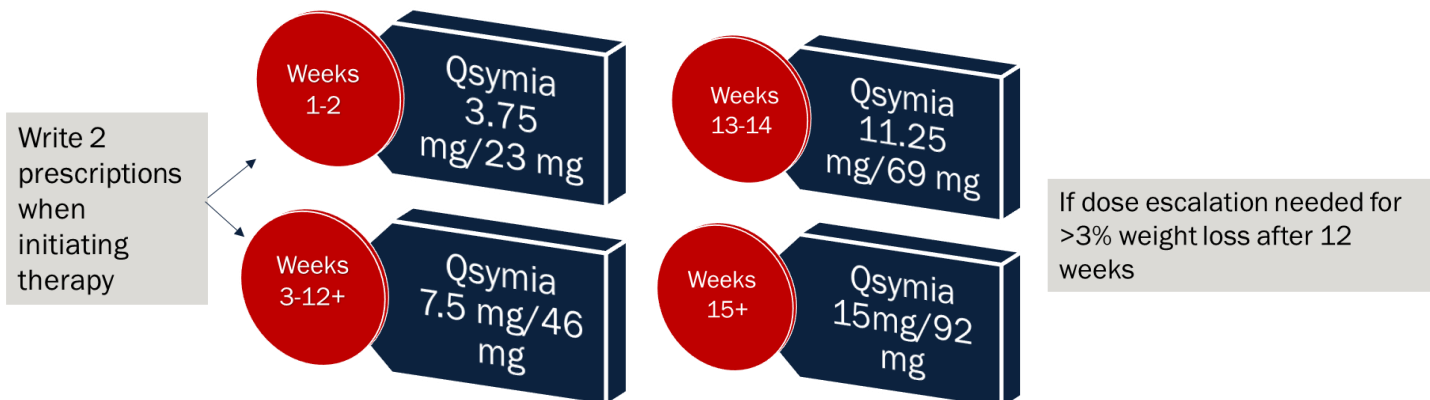


DALLAS
OBESITY
SOCIETY

QSYMIA

phentermine/topiramate ER

Qsymia	Schedule IV drug
Mechanism of action	Targets pro-opiomelanocortin (POMC) neurons in hypothalamus decreasing appetite & cravings and increases satiety Sympathomimetic amine, increases GABA activity, carbonic anhydrase inhibitor
Pharmacokinetics	Phentermine metabolized by liver & excreted by kidney Topiramate is excreted mainly by kidney
Side Effects	Paresthesia, dizziness, change in taste, constipation, dry mouth Fetal toxicity: cleft palate. Increased HR, may cause DUB but NOT an increased risk of pregnancy; OCP should NOT be discontinued if spotting occurs. Avoid alcohol as may potentiate CNS depressants; may potentiate ↓K ⁺ of non-potassium sparing diuretics. Need to increase hydration, may ↑kidney stones.
Contraindications	Pregnancy, glaucoma, MAOIs (within 14 days), hyperthyroidism
Monitoring	Obtain negative pregnancy test before starting and monthly Possible lab abn: ↓ glucose; ↑ creatinine; metabolic acidosis



Completion of the FDA-mandated **REMS program** is optional and not required prior to prescribing phentermine HCL/topiramate extended release. Implementation of a REMS program by clinicians and pharmacies is intended to provide appropriate safety information to females of reproductive potential.



SAXENDA

liraglutide

Saxenda	Not a scheduled drug
Mechanism of action	GLP-1 agonist; POMC & CART neuron activation. Delays gastric emptying
Pharmacokinetics	98 % protein bound No specific metabolizing organ (SC injection) 5-6 % excreted in urine/feces
Side Effects	Nausea, headache, vomiting, diarrhea, constipation, dizziness, dyspepsia, fatigue
Contraindications	Personal or family history of medullary thyroid carcinoma (MTC); multiple endocrine neoplasia syndrome type 2 (MEN 2); acute pancreatitis; active gallbladder disease Routine monitoring of serum calcitonin or thyroid ultrasound is of uncertain value.
Caution	Possible hypoglycemia with concomitant sulfonylurea, consider lowering dose and check glucose more frequently; renal impairment may worsen usually in association with dehydration associated with N/V/D. Patients on Saxenda should be monitored for emergence or worsening of depression or suicidal thoughts.
Black Box Warning	Thyroid C-cell tumor risk

PATIENT TEACHING:

- Utilize demo kit to demonstrate ease of use.
- Monitor for and take steps to prevent constipation
See handouts in Online Toolkit: **Fiber Fact Sheet**
- Advise patients to eat mindfully and limit portions
Toolkit: **Mindful Eating Techniques**

